

MARLBORO TOWNSHIP POLICE

YOUTH ACADEMY

2019



APPLICATION



Marlboro Township Police Youth Academy Application

July 29th 2019-August 9th 2019

Child's Name _____ Age _____ Date of Birth _____

Address _____

Home Phone _____ Cell Phone _____

School _____ Grade _____

T-Shirt Size (Adult sizes only) S M L XL Male/Female (Circle One)

Parent/Guardian Name _____

Address _____

Parent Home Phone _____ Parent Cell Phone _____

Parent Email Address _____

Relation to Child _____

Mandatory Parents Meeting Tuesday June 4th 2019 7pm

By signing this application, you agree that all the information you have provided is true to the best of your knowledge and you agree to abide by all the rules and regulations contained herein.

Child Signature

Parent/Guardian Signature

Please return completed application by Monday May 13th 2019 to:

Sgt. Andrew Goldberg #93 agoldberg@marlboropd.org

Marlboro Township Police Department

1979 Township Drive, Marlboro N.J. 07746



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Marlboro Township Police Youth Academy

Medical Clearance Form

Please print or type

Applicants Name _____

Name of Physician _____

Physician's Address _____

Physician's Phone Number () _____

Based upon a medical examination and a review of the applicant's health history, I certify that the applicant is medically fit to participate in the Marlboro Township Police Youth Academy. I understand the course involves but is not limited to: Running, Strength Training, Pushups, Sit ups and Pull ups, Medium Physical Exertion and Basic Physical Conditioning.

Physician Signature _____ License# _____

Parent/Guardian Signature _____ Date _____



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Prescription Drug Permission Form

Applicant Name _____

Name of Medication _____

Time of each dosage _____

Amount of each dosage (I.E. 1 tsp, 1 table, etc.) _____

Prescribing Physician _____

Address _____

Phone () _____

I am the parent/guardian of the above named child. I understand that the representatives of the Marlboro Police Department will **not** administer the medication(s) to my child, but will allow my child to possess one (1) days dosage of the medication and will endeavor to remind my child to take the medication at the prescribed time. I have read and understand this form. I understand and accept the fact that the Marlboro Police Department takes no responsibility for assuring that my child takes the correct dosage at the correct times. **I understand that I can personally administer the medication to my child or arrange to have a responsible adult do so during the time that my child participates in this program.**

Signature of Parent/Guardian _____

Print Name _____



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Media Waiver

I, _____

am aware that there may be representatives from various media outlets attending the Marlboro Township Youth Police Academy program during the two weeks.

The media may be taking photographs, video or other forms of electronic media. They may also interview the recruits for print or electronic media publication.

Additionally, members of the Marlboro Township Police Youth Academy staff will be taking still photographs and video during the course of the program. These video and /or still photographs may also be used by media outlets.

These videos and /or still photographs may be posted on websites including but not limited to the official Marlboro Township site, the official Marlboro Township Police Department site, the official Marlboro Township PBA #196 site, or a private video/photo sharing site for access only by authorized persons.

I understand these points and consent to my child's image, likeness, photograph, and/or video clip to be used in the manner depicted above.

Applicant's Name _____

Parent/Guardian Signature _____



Marlboro Township Police Youth Academy

Parent/Guardian Permission Sheet

I hereby give permission for _____

to fully participate in the Marlboro Township Police Youth Academy, all activities therein and all off site field trips. I understand that my child has to be at the Marlboro Middle School at 7:30 am each day and will be released at approximately 3:30 pm each day. I understand that I am making a commitment to have my child present for all days of this academy.

I fully understand that participants in this program will participate in drill instruction, physical exercise and physical exertion. I understand that they are subject to police academy type discipline. I understand that failure to comply with the rules and regulations will result in my child's dismissal from the academy.

Name of Parent/Guardian _____

Relation to Applicant _____

Signature _____ Date _____

Phone () _____

Emergency Contact and Phone _____

The Marlboro Police Department must be able to reach a parent, guardian, or emergency contact at all times that the academy is in session.



Marlboro Township Police Youth Academy

Waiver of Liability

MARLBORO TOWNSHIP POLICE DEPARTMENT & TOWNSHIP OF MARLBORO
RELEASE AND **WAIVER OF LIABILITY**, ASSUMPTION OF RISK, AND INDEMNITY
AGREEMENT ("AGREEMENT")

IN CONSIDERATION of being permitted to **participate** in any way in Marlboro Township Police Youth Academy ("YA") sponsored **ACTIVITIES ("ACTIVITIES")** I for myself, my personal representatives, assigns, heirs, and next of kin:

1. ACKNOWLEDGE, agree and represent that I understand the nature of the YA Activities and that I am qualified, in good health, and in proper physical condition to participate in such Activity. I further acknowledge that the Activity will include physical fitness activities. I further agree and warrant that if at any time I believe conditions to be unsafe, or I am not able to perform the activity, I will immediately discontinue further participation in the Activity.
2. FULLY UNDERSTAND that: (a) YA ACTIVITIES INVOLVE RISK AND DANGERS OF BODILY INJURY, INCLUDING DISABILITY , ("RISK"); (b) these Risks and dangers may be caused by my own actions, or inactions, the actions or inactions of others participating in the Activity, the conditions in which the Activity takes place; (c) there may be OTHER RISKS AND SOCIAL AND ECONMICAL LOSSES either not know to me or readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS,AND DAMAGES I incur as a result of my participation in the Activity.

3. HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE the Marlboro Township Police Department, Township of Marlboro, their respective administrators, directors, agents, officers, members, volunteers, and employees other participants, any sponsors, advertisers, and , if applicable, owners and lessors of premises on which the Activity takes place (each considered one of the "RELEASEES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS,LOSSES or DAMAGES ON MY ACCOUNT CAUSED OR ALLEGEDTO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASEES" OR OTHERWISE , INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FURTHER AGREE that if despite this RELEASE AND WAIVER LIABILITY , ASSUMPTION OF RISK , AND INDEMNITY AGREEMENT I, or anyone on my behalf , makes a claim against any of the Releases, I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE RELEASEES from any litigation expenses, attorney fees , losses , liability , damage , or cost which any may incur as the result of such claim.
4. I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED FREELY AND WITHOUT INDUCEMENT OR ASSURANCE OF ANY NATURE AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

SIGNATURE OF APPLICANT: _____

PARENT'S SIGNATURE: _____

DATE: _____